

**Use only for FY 2001
Basic Carry-Over
Final Report**

Submit Original to County Office Only. Do not send a copy to OGMD.

1. PROJECT NUMBER: FT- -01 <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CONSORTIUM		1a. PROJECT PERIOD: 9/1/01 to 8/31/02		
2. LEA:		2a. County:		
3. PROJECT DIRECTOR:		3a. TEL: ()		3b. FAX: ()
4. ADDRESS:				
5. BUSINESS ADMINISTRATOR:		5a. TEL: ()		
6. PROJECT	7. Approved Amount	8. Expended Amount	9. Unexpended Balance	10. Amount to be Refunded to NJDOE
<input checked="" type="checkbox"/> FY 2001 Basic Carry-Over Final Report	\$	\$	\$	\$
FINAL REPORT				
11. Number of Children Served:				
12. Report of Completed Activities: <i>(Attach additional pages if necessary.)</i>				
13. Reason Funds Were Not Expended During the Project Period: <i>(Attach additional pages if necessary.)</i>				

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B
FY 2001 Basic Carry-Over Final Report Application**

INSTRUCTIONS FOR COMPLETING PAGE 1

Refer to your FY 2001 IDEA-B approved carry-over budget or the most recent amendment prior to completing this report.

- Items 1-5a. Complete all identifying information.
6. This form is to be used for Basic projects only.
 7. Enter the approved amount.
 8. Enter the amount expended during the project period.
 9. Subtract the amount in item 8 from the amount in item 7 and enter the difference.
 10. Enter the unexpended balance amount from item 9 that you are refunding to NJSDOE. **Send a check for that amount payable to: Treasurer, State of New Jersey and mail with a copy of page 1 of this report to:**
Department of Education
Office of Budget and Accounting
Revenue and Grant Accounting
PO Box 500
Trenton NJ 08625-0500.
 11. Enter the number of children served using project funds.
 12. Provide a report of the completed activities using the expended funds.
 13. Provide a brief but specific description why all funds were not expended/obligated within the project period. Consortium applications must include a statement that all participating districts agree to this request.

ALL FINAL REPORT/CARRY-OVER APPLICATIONS MUST BE SUBMITTED TO YOUR COUNTY OFFICE IN ACCORDANCE WITH THE TIMELINES LISTED IN THE GUIDELINES.

Forms and guidelines are located on the New Jersey Department of Education Website at <http://www.state.nj.us/education>. Select *Grants*. Select *Entitlement Grants*.

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B
FY 2001 BASIC CARRY-OVER FINAL REPORT/EXPENDED BUDGET
BUDGET DETAIL**

LEA: _____

PROJECT NUMBER: FT-_____-01

Employee benefits must be budgeted for all salaried positions in Function & Object Code 200-200.

EXPENDITURE CATEGORY	FUNCTION & OBJECT CODES	DESCRIPTION/ITEMIZATION	EMPLOYEE BENEFITS		EXPENDED BUDGET
			TPAF/FICA	OTHER	

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B
FY 2001 BASIC CARRY-OVER FINAL REPORT/EXPENDED BUDGET
BUDGET DETAIL**

INSTRUCTIONS FOR COMPLETING PAGE 2

- ◆ Enter the LEA and Project Number.

- ◆ *Expenditure Category and Function & Object Code:* List expenditures separately by category and code using the Uniform Minimum Chart of Accounts.

- ◆ *Description/Itemization:* List/describe each item by category. For salary categories, list each position separately, by title, indicating any summer employees.

- ◆ *Employee Benefits (200-200):* List the expended fringe benefits using IDEA-B funds. Separate TPAF/FICA expenditures from other benefits.

- ◆ *Expended Budget:* Report the amounts expended from this IDEA-B award. All equipment purchases must be reported on the "Federal Equipment Inventory Page".

- ◆ Use additional sheets as needed.

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B
FY 2001 BASIC CARRY-OVER FINAL REPORT
Budget Summary**

LEA: _____

PROJECT NUMBER: FT- _____ -01

15. EXPENDITURE CATEGORY	15a. FUNCTION & OBJECT CODE	15b. BASIC FINAL REPORT/EXPENDED BUDGET	
INSTRUCTION (100 Series)			
Personal Services - Salaries	100-100		
Purchased Prof. & Tech. Services	100-300		
Other Purchased Services	100-500		
General Supplies	100-600		
Other Objects	100-800		
SUBTOTAL INSTRUCTION			
SUPPORT SERVICES (200 Series)			
Personal Services – Salaries	200-100		
Personal Services-Employee Benefits	200-200		
Purchased Prof. & Tech. Services	200-300		
<i>Purchased Prof. – Ed. Serv.</i>	200-320		
Purchased Property Services	200-400		
Other Purchased Services	200-500		
<i>Travel</i>	200-580		
Supplies and Materials	200-600		
Other Objects	200-800		
<i>Indirect Costs</i>	200-860		
SUBTOTAL SUPPORT SERVICES			
FAC. ACQ. & CON. SER. (400 Series)			
Buildings Use Charge	400-720		
Instructional Equipment	400-731		
Noninstructional Equipment	400-732		
SUBTOTAL FAC. ACQ. & CON. SER.			
Schoolwide Programs: Abbott	520-930		
Schoolwide Programs: Non-Abbott	520-932		
TOTAL			

☐ As the applicant LEA for the consortium, I certify that all participating LEAs are in agreement with this Carry-Over Final Report Application.

To the best of my knowledge, I certify that this report is accurate.

16. LEA Board Secretary (*signature*) :

Date:

17. LEA Chief School Administrator (*signature*):

Date:

NJDOE USE ONLY FOR FINAL REPORT/CARRY-OVER APPLICATIONS

Approved Approved	<input type="checkbox"/> Denied <input type="checkbox"/> Denied	CSBA Signature:	Date:
		CSCS Signature:	Date:
Approved	<input type="checkbox"/> Denied	OGMD Signature:	Date:
Copy Distribution: County Office Chief School Administrator			

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B
FY 2001 BASIC CARRY-OVER FINAL REPORT APPLICATION
*Budget Summary***

INSTRUCTIONS FOR COMPLETING PAGE 3

- ◆ Enter the LEA and the Project Number.
- 15-15a. *Expenditure Category and Function & Object Code:* Expenditure categories and function & object codes have been included for Instruction, Support Services and Facilities Acquisition sections.
- 15b. *Final Report/Expended Budget Column:* By expenditure category, enter the summary amounts expended using FY 2001 IDEA-B Basic funds during this project period. Enter the subtotals and total amounts.

The consortium applicant LEA certifies that all participating LEAs agree with this report and the proposed Carry-Over Application.
- 16. Dated signature of the LEA Board Secretary.
- 17. Dated signature of the LEA Chief School Administrator.

NOTE: The following items should match the amounts on page 1.

- ◆ The total in column 15b should equal item 8.

**NEW JERSEY DEPARTMENT OF EDUCATION
INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B
FY 2001 BASIC CARRY-OVER PROJECT PERIOD 9/1/01 TO 8/31/02**

Final Report - Federal Equipment Inventory

LEA: _____

Project Number: FT-_____-01

Acquisition Date	Description (Name, Type, Size)	Manufacturer/Model	Serial/Inventory Number	Unit Acquisition Cost	IDEA Cost	% of IDEA Funds	Location in LEA

Use additional sheets if needed.

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B
FY 2001 BASIC CARRY-OVER FINAL REPORT APPLICATION**

FINAL REPORT - FEDERAL EQUIPMENT INVENTORY

<p>INSTRUCTIONS FOR COMPLETING PAGE 4</p>
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- ◆ Complete all identifying information.
- ◆ All columns must be completed for each piece of equipment purchased with IDEA-B funds.
- ◆ The total of the unit acquisition costs listed must equal the equipment costs listed on the Budget Detail and Budget Summary pages (expenditure categories/function & object codes 400-731 and 400-732).
- ◆ If the equipment does not have a serial number, an identification number must be assigned.
- ◆ For items partially funded, indicate the total acquisition cost, the IDEA-B cost and the percentage of IDEA-B funds utilized.